

# Performance of sexual assault forensic examinations by RANZCOG trainees

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This statement has been developed and reviewed by the Training and Accreditation Committee and approved by the RANZCOG Board and Council.

**Disclaimer:** This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: July 2007

Current: March 2023

Review due: March 2028

**Background:** This statement was first developed by Training and Accreditation Committee in July 2007 and most recently reviewed in March 2023.

**Funding:** The development and review of this statement was funded by RANZCOG.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologist (RANZCOG) curriculum states in Section B.2.1 (Gynaecological Health, Menstrual Disorders & Menopause - Gynaecological Health and Psychosocial issues in gynaecological care) that by the time they complete training an O&G specialist must be able to:

1. Respond appropriately to a patient who discloses sexual assault in a trauma informed way
  - a. Validating the experience
  - b. Seeking enough information to provide appropriate medical care
  - c. Respecting the wishes of the victim regarding notification of assault to police or other services
2. Understand the management of the female victim of sexual assault including:
  - a. Acute management of medical concerns such as contraception needs, STI infection and follow up. This may include clinical examination and treatment or reassurance of any **injury** from sexual assault (noting this is rare)
  - b. Provision or referral for Forensic samples as may be appropriate if that is the desire of the victim (Forensic samples should only be collected by appropriate trained personnel in an appropriate setting).
  - c. Referral to appropriate support and follow up services
3. Is comfortable asking women about prior sexual abuse as many women will have never disclosed abuse. Knowledge of prior abuse may assist in provision of care in an appropriate trauma informed way
4. Clearly document disclosure of abuse, preferably in the words of the victim in case of future evidence
5. Practice within the legal requirement regarding mandatory notification regarding the sexual abuse of minors, and the exposure of children to domestic violence.

#### Health Services Responsibilities:

1. Health services should provide sexual assault services staffed by appropriately forensic trained personnel.
  - a. RANZCOG trainees should not be expected to perform sexual assault forensic examinations unless formally trained for this purpose.
2. Hospitals and/or the relevant authority providing the sexual assault examination/support service should ensure that there is a separate roster for this service and that formally trained trainees are remunerated accordingly, in accordance with the applicable local award and conditions of service. Trainees should not be expected to cover this service when on-call in addition to other duties in the birthing suite and/or emergency gynaecology.

## Appendix Full Disclaimer

In addition to the earlier disclaimer, it is the responsibility of each practitioner to have regard to the circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1.1	Jul / 2007	
v2.1	Nov / 2010	
v3.1	Nov / 2015	
V4.1	March/ 2023	Review of terminology

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